

Abnormal Breast and Cervical Findings

Client Name (Last, First, MI): _____ ☐ Revised Form
 Social Security Number: _____ - _____ - _____ Date of Birth
 ____/____/____ Site: _____

Procedure	Date	Results	
Diagnostic Mammogram (Additional Mammographic Views)	____/____/____	<input type="checkbox"/> Negative (1) <input type="checkbox"/> Benign (2) <input type="checkbox"/> Probably Benign (3)	<input type="checkbox"/> Suspicious Abnormality (4) <input type="checkbox"/> Highly suggestive of malignancy (5) <input type="checkbox"/> Assessment Incomplete (0)
Ultrasound	____/____/____	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Surgical Consult, Repeat breast exam	____/____/____	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Fine needle biopsy/Cyst aspiration	____/____/____	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Incisional Biopsy	____/____/____	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Excisional Biopsy	____/____/____	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Colposcopy directed biopsy, ECC	____/____/____	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Diagnostic LEEP/Conization	____/____/____	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Other - List: _____	____/____/____	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer

Breast Findings	Cervical Findings
Final diagnosis: <input type="checkbox"/> Cancer not diagnosed <input type="checkbox"/> Cancer, in-situ - LCIS <input type="checkbox"/> Cancer, in-situ - DCIS <input type="checkbox"/> Cancer, invasive Stage at diagnosis: required for invasive cancer <input type="checkbox"/> AJCC Stage I <input type="checkbox"/> AJCC Stage II <input type="checkbox"/> AJCC Stage III <input type="checkbox"/> AJCC Stage IV <input type="checkbox"/> Unknown / Unstaged Tumor size: required for invasive cancer <input type="checkbox"/> 1cm <input type="checkbox"/> 4cm <input type="checkbox"/> 7cm <input type="checkbox"/> 2cm <input type="checkbox"/> 5cm <input type="checkbox"/> _____ <input type="checkbox"/> 3cm <input type="checkbox"/> 6cm <input type="checkbox"/> Unknown	Final diagnosis: <input type="checkbox"/> Normal/benign/inflammation <input type="checkbox"/> HPV/Condylomata/Atypia <input type="checkbox"/> Mild dysplasia/CIN I (bx dx) <input type="checkbox"/> Low Grade SIL (bx dx) <input type="checkbox"/> High Grade SIL (bx dx) <input type="checkbox"/> Moderate dysplasia/CIN II (bx dx) <input type="checkbox"/> Severe dysplasia/CIN III/Carcinoma in situ (bx dx) <input type="checkbox"/> Invasive Cervical Carcinoma (bx dx) <input type="checkbox"/> Other - List: _____ Stage at diagnosis: required if invasive cancer <input type="checkbox"/> AJCC Stage I <input type="checkbox"/> AJCC Stage II <input type="checkbox"/> AJCC Stage III <input type="checkbox"/> AJCC Stage IV <input type="checkbox"/> Unknown / Unstaged

Complete for Breast and /or Cervical Findings

Status of final diagnosis: date is required <input type="checkbox"/> Work-up complete Date of final diagnosis: ____/____/____ <input type="checkbox"/> Work-up refused Date: ____/____/____ <input type="checkbox"/> Lost to follow-up Date: ____/____/____ Comments: _____ _____ _____	Status of treatment: required for bolded final diagnoses <input type="checkbox"/> Started Date: ____/____/____ <input type="checkbox"/> Refused Date: ____/____/____ <input type="checkbox"/> Lost to follow-up Date: ____/____/____ Next screening or follow-up due: ____/____/____ <div style="text-align: right; margin-right: 50px;">Month Year</div> Provider's signature: _____ Print provider's name: _____
---	--